

J-1 EXTENSION OF STAY REQUEST

APPLICATION FOR CHANGE OF PROGRAM END DATE

Department Use Only

1. This is to verify that _____ is a student pursuing a _____ degree in the department of _____.
2. I recommend that his/her legal stay in the U.S. be extended from _____ to _____ in order to continue with the same academic objective.

Academic Advisor Signature

Name Printed

Date

Student Use Only

Financial support for the principal and accompany dependents must be documented. Minimum estimated support for undergraduate student is \$18,812 per academic year (\$11,606 tuition and fees + \$7,206 living cost). Estimated summer living cost is \$2,200.

Dependent support must be at least \$3,000 per year for an adult and \$1,500 for each child. The funds to cover the entire period for which this extension of stay is requested will be provided as follows:

-Program support: \$_____ (\$_____ per year)

- Other institutional, governmental, organizational, or personal resources:

(please specify and attach documentation)

Source of funds: _____ Amount: \$_____ (\$_____ per year)

TOTAL AMOUNT FOR THE ENTIRE PERIOD: \$ _____

Exchange Visitor Health Insurance Certification

EVERY EXCHANGE VISITOR MUST FULFILL EACH OF THE FOLLOWING INSURANCE REQUIREMENTS:

Medical benefits of at least \$50,000 per accident or illness;

- (1) Repatriation of remains in the amount of \$7,500;
- (2) Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$ 10,000; and
- (3) A deductible not to exceed \$500 per accident or illness

An insurance policy secured to fulfill the requirements of this section:

- (1) May require a waiting period for pre-existing conditions which is reasonable as determined by current industry standards;
- (2) May include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefit per accident or illness; and
- (3) Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any insurance policy secured to fulfill the above requirements must be underwritten by an insurance corporation having an A. M. Best rating of "A" or above, an insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. rating of "B+" or above or such other rating services as the Agency may from time to time specify. Insurance coverage backed by the full faith and credit of the government of the exchange visitor's home country shall be deemed to meet this requirement.

Health insurance policy information forms are available at International Student Services at Welch Hall.

I certify that I am in compliance with these requirements for myself and for my J-2 dependent family members and have submitted a copy of the applicable insurance cards to International Student Services at Welch Hall.

Student Signature

Date

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